

Case Number:	CM15-0013444		
Date Assigned:	02/02/2015	Date of Injury:	06/02/2011
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male, who sustained an industrial injury on 06/02/2011. He has reported injuries to the lower back, left shoulder, and right and left knee/leg secondary to repetitive work activities. Diagnoses include lumbar radiculopathy, lumbar facet arthropathy, and myofascial pain. Treatment to date has included acupuncture, laboratory studies, right lumbar five to sacral one and lumbar four to five transforaminal steroid epidural, magnetic resonance imaging of the lumbar spine, home exercise program, use of a transcutaneous electrical nerve stimulation unit, and physical therapy. In a progress note dated 11/11/2014 the treating provider reports constant left leg and knee pain and low back pain that radiates to the right leg. The treating physician requested an orthopedic consultation, but the documentation did not indicate the specific reason for the requested consultation. On 12/30/2014 Utilization Review non-certified the requested treatment of follow up orthopedic consult, noting the California Medical Treatment Utilization Schedule: Low Back Complaints; American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 12 Low Back Complaints; and Official Disability Guidelines Treatment In Workers' Compensation, Online Edition, Chapter Pain (Chronic).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Follow-Up Ortho Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Yes, the proposed followup orthopedic consultation is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant was/is off of work, on total temporary disability. A follow-up visit with the applicant's new primary treating provider, an orthopedist, thus, is indicated for a variety of reasons, including for disability management purposes. Therefore, the request is medically necessary.